

Instructions: Fill in the Names of the Parties and the Index Number. Complete the blank spaces next to the instructions printed in bold type. PRINT AND USE BLACK INK ONLY. SIGN YOUR NAME IN THE PRESENCE OF A NOTARY PUBLIC.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

[FILL IN NAME(S)] Plaintiff(s)/Petitioner(s)

Index Number

_____/____

V.

EMERGENCY AFFIDAVIT

[FILL IN NAME(S)] Defendant(s)/Respondent(s)

-----X

I _____ **[INSERT YOUR NAME]** am the
plaintiff/petitioner/defendant/respondent **[CIRCLE ONE]** in the above-named action/special
proceeding **[CIRCLE ONE]**. I request immediate judicial review of my _____

_____ **[INSERT DESCRIPTION OF PAPERS YOU
ARE SUBMITTING, e.g., ORDER TO SHOW CAUSE]** on the following grounds (reasons) **[INSERT
BELOW A BRIEF EXPLANATION OF WHY YOU NEED EMERGENCY OR IMMEDIATE RELIEF. DO NOT
DISCUSS THE LEGAL MERITS (BASIS) OF YOUR CLAIM].** _____

_____.

[SIGN YOUR NAME IN THE PRESENCE
OF A NOTARY PUBLIC]

[PRINT YOUR NAME]

Sworn to before me on
this ____ day of _____, 20____.

Notary Public